OMB CONTROL NUMBER: 0704-XXXX OMB EXPIRATION DATE: XX/XX/XXXX

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Demographics Survey

The survey will take approximately 10 minutes to complete. As you answer the survey questions, use the navigation buttons to move to the next question. Please do not use your browser's forward and back buttons.

Your participation is voluntary, and all information is confidential. You can skip any questions you don't feel comfortable answering.

If you have any questions about the survey, have trouble accessing the survey, or encounter other technical problems, please email kna121@psu.edu.

Demographics Survey

We would like to get some basic information about you. Please answer the following questions.

[All participants will complete questions 1 through 7. Depending on how they answer question 8, the participant will be directed to a different set of questions]

- 1. What is your gender?
 - a. Male
 - b. Female
- 2. What is your age?
 - a. 18-24
 - b. 25-29
 - c. 30-34
 - d. 35-39
 - e. 40-44
 - f. 45-49
 - g. 50-54
 - h. 55-59
 - i. 60 to 64
 - j. 65+
- 3. Are you Hispanic or Latino?
 - a. Yes
 - b. No
- 4. How do you describe your race? Please select all that apply.
 - a. American Indian or Alaska Native
 - b. Asian

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- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- 5. What is your highest level of education?
 - a. Less than high school diploma
 - b. High school diploma or GED
 - c. Post high school vocational or technical training (excluding military training)
 - d. Some college credit, no degree
 - e. Associate's degree (for example, AA, AS)
 - f. Bachelor's degree (for example, BA, BS)
 - g. Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
 - h. Doctorate degree (for example, PhD, EdD)
 - i. Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- 6. What is your current relationship status?
 - a. Never married
 - b. Living with partner, but not married
 - c. Married-first marriage
 - d. Married- second or later marriage
 - e. Divorced/separated/widowed
- 7. Do you currently live on or off installation?
 - a. On Installation
 - b. Off Installation
- 8. What is your connection to the military?
 - a. Currently serving- Active Duty [If selected, go to question #9 on page 3]
 - b. Currently serving- Reserve or National Guard [If selected, go to question #9 on page 3]
 - c. Veteran- Active Duty [If selected, go to question #9 on page 4]
 - d. Veteran- Reserve or National Guard [If selected, go to question #9 on page 4]
 - e. Military dependent (spouse) [If selected, go to question #9 on page 5]
 - f. Military significant other (partner) [If selected, go to question #9 on page 5]

[If "Currently Serving" (A or B) options are selected for question #8]

- 9. What is your paygrade (E1-E9, W1-5, 01-010)? [If currently serving]
 - a. E1
 - b. E2
 - c. E3
 - d. E4
 - e. E5
 - f. E6
 - g. E7
 - h. E8
 - i. E9
 - j. W1
 - k. W2
 - I. W3
 - m. W4
 - n. W5
 - o. O1
 - p. O2
 - q. O3
 - r. 04
 - s. 06
 - t. O7 or higher
- 10. What is your Service branch [If currently serving]
 - a. Army
 - b. Marine Corps
 - c. Navy
 - d. Air Force
 - e. Space Force
- 11. How long have you been in the military? [If currently serving]
 - a. Less than 1 year
 - b. 1 to 3 years
 - c. 4 to 6 years
 - d. 7 to 9 years
 - e. 10 to 12 years
 - f. 13 to 15 years
 - g. 15+ years

[If "Veteran" (C or D) options are selected for question #8]

- 9. How long were you in the military? [If Veteran]
 - a. Less than 1 year
 - b. 1 to 3 years
 - c. 4 to 6 years
 - d. 7 to 9 years
 - e. 10 to 12 years
 - f. 13 to 15 years
 - g. 15+ years
- 10. What was your paygrade on your last day of military service [If Veteran]
 - a. E1
 - b. E2
 - c. E3
 - d. E4
 - e. E5
 - f. E6
 - g. E7
 - h. E8
 - i. E9
 - j. W1
 - k. W2
 - I. W3
 - m. W4
 - n. W5
 - o. O1
 - p. O2
 - q. O3
 - r. 04
 - s. 06
 - t. O7 or higher
- 11. What was your Service branch [If Veteran]
 - a. Army
 - b. Marine Corps
 - c. Navy
 - d. Air Force
 - e. Space Force

[If "Military Spouse or Partner" (E or F) options are selected for question #8]

- 9. What is your spouse or partner's service branch [If military dependent OR military significant other]
 - a. Army
 - b. Marine Corps
 - c. Navy
 - d. Air Force
 - e. Space Force
- 10. How long has your spouse or partner been in the military? [If military dependent or significant other]
 - a. Less than 1 year
 - b. 1 to 3 years
 - c. 4 to 6 years
 - d. 7 to 9 years
 - e. 10 to 12 years
 - f. 13 to 15 years
 - g. 15+ years

[All participants will be directed to this final page of questions]

General FAP Items

- 1. Have you ever used any services offered by the Family Advocacy Program? No
 - Yes
- 2. Do you have any previous training related to domestic abuse and child abuse prevention?
- Yes
- No

[After completing this survey, all participants will be directed to survey 1]